

Important Advances in Clinical Medicine

Epitomes of Progress—Plastic Surgery

The Scientific Board of the California Medical Association presents the following inventory of items of progress in Plastic Surgery. Each item, in the judgment of a panel of knowledgeable physicians, has recently become reasonably firmly established, both as to scientific fact and important clinical significance. The items are presented in simple epitome and an authoritative reference, both to the item itself and to the subject as a whole, is generally given for those who may be unfamiliar with a particular item. The purpose is to assist the busy practitioner, student, research worker or scholar to stay abreast of these items of progress in Plastic Surgery which have recently achieved a substantial degree of authoritative acceptance, whether in his own field of special interest or another.

The items of progress listed below were selected by the Advisory Panel to the Section on Plastic Surgery of the California Medical Association and the summaries were prepared under its direction.

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Plastic Operation on the Abdomen

ABDOMINAL LIPECTOMY, or panniculectomy as it has been commonly called, has been performed for many years. This operation is usually indicated for those who have lost large amounts of weight, leaving them with an abdominal apron which can be excised.

Recently, there has been a widening demand for recontouring of the abdomen. It has been described as the "bikini operation," since the scars are hidden in the bikini area. Most of the patients are attractive women who have had one or more children. Their average age is 35 years. Their problems include stria gravidum (stretch marks), a wrinkling of the skin around the umbilicus, diastasis recti and a fullness of the lower abdomen—all the results of pregnancy—as well as surgical scar deformities.

The basic steps in the operative procedure are: (1) a low transverse abdominal incision just at the

level of the pubic hair line, extending laterally and below the iliac crest, (2) elevation of the entire abdominal skin and subcutaneous tissue up to the xyphoid and costal margin, leaving the umbilicus in place, (3) correction of diastasis by multiple figure 8 sutures from the xyphoid to pubis, which narrows the waist line, and (4) pulling the flap down and resecting the excess—usually four to six inches or approximately 450 grams. The umbilicus is brought up through a new incision in the abdominal skin.

Occasionally the abdominal operation is combined with other procedures such as breast augmentation, hysterectomy, or dilatation and curettage. This procedure is not exclusively for women.

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REFERENCES

- Pitanguy I: Surgical reduction of the abdomen, thighs, and buttocks. *Surg Clin North Am* 51:479-489, Apr 1971
- Grazer F: Abdomenoplasty. Presented at the Tord Skoog Society, Phoenix, Arizona, Feb 1971
- Grazer F: Operation Bikini. Presented at the California Society of Plastic Surgeons, Coronado, California, Apr 1971